

NOTICE OF DEATH

IMPORTANT: Complete this form for each beneficiary and attach a copy of the Participant's Death Certificate.

Account Number FL/SF/RM

Contractholder Name

Plan Name

Deceased Participant's Name first middle last

Social Security No. Date of Death (mm/dd/yyyy) :

Legal Address street city state zip

Marital Status: Not Married Married, Spouse's name first middle last

PLAN ADMINISTRATOR INFORMATION

MassMutual Retirement Services will process this death benefit upon receipt. Therefore, submit this form **only after all final contributions and any loan repayments** are submitted on the deceased Participant's behalf. Final contributions/loan repayments are subject to the original benefit election and an extra check charge.

BENEFICIARY INFORMATION

Beneficiary's Name first middle last
Social Security No. Birth Date (mm/dd/yyyy) : E-mail Address
Beneficiary's Address street city state zip

ELECTION OF OPTIONS Accounts with \$5,000 or less must be paid in a One-Sum Cash Payment.

[Note: Before completing this form, you may request an estimate of your benefit options by submitting an Estimate of Benefit Option form.]

Continuation of the Account: Defer distribution of my account, and it should remain as presently invested.

1. **Attach an Enrollment Form.** Enter your name and next to your name, write "surviving beneficiary." Include the deceased Participant's Social Security number and complete the Beneficiary Designation section.)
2. **It is your responsibility** to request a distribution by the legal deadline. If you are a Participant's spouse, you must start receiving distributions by the year the Participant would have attained age 70½. If you are a non-spouse beneficiary, you must receive the benefit within 5 years of the Participant's death. Begin distribution by completing a Benefit Election form.

Installment Payments: Periodic payments from my account to start: 1, 20 (enter month and year), and the rest of the account should remain as presently invested.

Payments are to be made: Monthly Quarterly Semi-Annually Annually.

For a Fixed Period of years.

For a Fixed Amount of .

For the length of my life expectancy (calculated at the time of the first installment payment).

Spousal Beneficiary Only: For the length of my life (life expectancy is recalculated annually).

One-Sum Cash Payment: Direct payment to me of the Account balance.

Spousal Beneficiary Only - A Direct Rollover of the Participant's Account balance.

Amount: all the benefit all the taxable portion of the benefit

To: my IRA my employer's plan. Name of the financial institution to which the rollover check should be issued:

[NOTE: If a portion of the benefit is rolled over, the remainder is paid as a one-sum cash payment to the spouse.]

Annuity: An annuity contract purchased from MassMutual Life Insurance Company. The annuity, once elected, cannot be revoked.

Annuity Starting Date (mm/dd/yyyy):

Life Annuity

Full Cash Refund Annuity

Life Annuity with 120 Stipulated Payments

TAX WITHHOLDING

Do not complete this section if Continuation of Account is chosen.

FEDERAL WITHHOLDING: Distributions of pre-tax contributions, plus interest on all contributions, are subject to Federal income tax. Payment to a spouse beneficiary who is not electing a direct rollover are subject to 20% Federal income tax withholding on the taxable portion of the distribution. Federal income tax withholding is optional for payments to a non-spouse beneficiary and any installment or annuity payments payable over life, life expectancy or 10 years or more. (If no election is made, MassMutual Retirement Services will withhold Federal income tax). Please read the attached *Special Tax Notice*. **Contact your tax advisor or the IRS if you have any questions concerning tax withholding.**

One-Sum Cash Payment/Direct Rollover/Installments of Less than 10 Years to Spouse Beneficiary: I read the Special Tax Notice and:

Withholding does not apply as I have directly rolled over the entire taxable payment.

Deduct the 20% mandatory Federal tax withholding from the taxable portion of my payment.

Deduct the 20% mandatory Federal tax withholding from the taxable portion of my payment and withhold an additional amount of

Installment or Annuity Payments of 10 Years or More, or One-Sum Cash Payment to Non-spouse Beneficiary: I elect to have Federal income tax: not withheld withheld.

If "withheld" is elected for installment or annuity payments, complete below (refer to IRS instructions for Form W-4P for more information):

- Single Married Married, but withhold at the higher single rate
- Number of allowances
- I want the following additional amount withheld from each payment:

STATE WITHHOLDING: State income tax is withheld as noted below. For additional information, contact your state's Department of Revenue.

- No Withholding:** Residents of states without state income tax (Alaska, Florida, Nevada, South Dakota, Texas, Washington and Wyoming) or no withholding provisions (Arizona (for one-sum cash payments) Colorado, District of Columbia, Hawaii, Idaho, Michigan (for one-sum cash payments), Mississippi, New Hampshire, North Dakota, Pennsylvania, Rhode Island, and Tennessee) must leave this section blank.
- Required Withholding:** Residents of Iowa, Kansas, Maine, Massachusetts, North Carolina, Oklahoma or Vermont who have Federal income tax withheld, will have state income tax withheld from the taxable portion of a payment over the state's minimum amount. You may elect an additional amount to be withheld in Box 1. Residents of Iowa, Oklahoma, and Vermont who do not have Federal income tax withheld may elect to have state tax to be withheld in Box 1.
- Required but may Elect Out:** Residents of California, Delaware, Georgia (for installment/annuity payments exceeding 10 years), Oregon or Virginia will have state tax withheld from the taxable portion of a payment over the state's minimum amount, unless Box 2 is checked. You may elect an additional amount to be withheld in box 1.
- Voluntary Withholding:** Residents of all other states may elect to have state tax withheld by completing Box 1.
 - Additional or Voluntary Withholding:** I want (enter whole dollar amount) withheld from my payment for state income tax in addition to any required withholding.
 - No Withholding:** I do **not** want state income tax withheld from my payment.

SIGNATURES

I understand there may be a charge for each check issued or a one-time installment or annuity set-up fee deducted from my account balance and, if all required items are not completed on this form, payment will be delayed.

Beneficiary

_____/_____/_____
Date

Plan Administrator

_____/_____/_____
Date